

CUDAHY POLICE DEPARTMENT

CITIZENS POLICE ACADEMY

APPLICATION FORM

Last Name: _____

First Name: _____ Middle Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone #: _____ Sex: ____ Male ____ Female

Date of Birth: _____ Social Security #: _____

Drivers License #: _____

How long have you lived at your current address? ____ Years ____ Months

Previous address if less than five years at your present address:

Occupation: _____

Employer: _____

Address: _____

T-Shirt Size: _____

Signature: _____ Date: _____

All applicants must either live in Cudahy, work in Cudahy or own property in Cudahy.

All applicants must be at least 21 years of age.

All applicants will undergo a background investigation to verify suitability for the Citizens Police Academy. The Cudahy Police Department reserves the right to deny entry to the Academy based on the findings of that background investigation.